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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

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	IORGAN & AMI ND, SUITE 1100 77042	1	0 7 2007	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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		THE STATE OF THE S	(Signature)					
			PADEMATTHO				(Date)	
APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/664.665	10/664,665 09/18/2003		Akram Ali Salman		2000.111200		4618	
·	METHOD FOR DETE	RMINING THE RELIA	BILITY OF DIELECTR	IC LAYERS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0		\$1400	05/07/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
SCHILLINGE	2813							
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Williams, Morgan &								
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Tree Address" indication (or "Fee Address" Indication form PTO/5B/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.								
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)				
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Advanced Micro Devices, Inc. Austin, Texas								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗷 Corporation or other private group entity 🗀 Government								
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) I same Fee								
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Authorized Signature	/J. Mil	ke Amerson/		Date	March	7, 2007	•	
Typed or printed name	J.	Mike Amerson		Registration	No	35,426		
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 33 I application form to the ons for reducing this but irginia 22313-1450. DO 13-1450.	CFR 1.311. The information U.S.C. 122 and 37 CFR e USPTO. Time will varurden, should be sent to the ONOT SEND FEES OR persons are required to re-	y depending upon the interpretation of the Chief Information Of COMPLETED FORMS	dividual case. Any officer, U.S. Patent and TO THIS ADDRES	omments of Tradem SS. SENE	s on the amount of times of the confice, U.S. Department of the confice of the co	by the USPTO to process) genticring, preparing, and e you require to complete rement of Commerce, P.O. or Patents, P.O. Box 1450, number.	
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